

**STATE OF NEW JERSEY
INDIVIDUAL HEALTH COVERAGE PROGRAM
Financial Statements
June 30, 2022
With Independent Auditor's Report**

State of New Jersey Individual Health Coverage Program
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June 30, 2022

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors,
State of New Jersey Individual Health Coverage Program:

Opinion

We have audited the financial statements of the State of New Jersey Individual Health Coverage Program (the "Program"), which comprise the statement of financial position as of June 30, 2022, and the related statements of activities and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the State of New Jersey Individual Health Coverage Program as of June 30, 2022, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis of Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the State of New Jersey Individual Health Coverage Program and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the State of New Jersey Individual Health Coverage Program's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the State of New Jersey Individual Health Coverage Program's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the State of New Jersey Individual Health Coverage Program's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter

The management's discussion and analysis as listed in the table of contents is the responsibility of management and is presented for purposes of additional analysis and is not a required part of the financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the financial statements, and accordingly, we do not express an opinion or provide any assurance on it.



December 27, 2022

**State of New Jersey
Individual Health Coverage Program
Management’s Discussion and Analysis (Unaudited)
June 30, 2022**

The following narrative provides an overview and analysis concerning the New Jersey Individual Health Coverage Program’s (“Program”) financial performance of its activities for the fiscal year ended June 30, 2022.

General Information

N.J.A.C. 11:20-8.2 requires carriers to report net earned premiums on an annual basis. Assessments for the administrative expenditures are billed annually.

The Program audit for the fiscal year ended June 30, 2021 was completed, and an unmodified opinion was issued on April 26, 2022.

Financial Highlights

The Program’s assets totaled \$472,814, an increase of \$26,219 from the prior fiscal year due mainly to a net increase in cash of \$26,158 and receivables of \$1,683. In fiscal year 2022, the Program billed the fiscal year 2023 assessment of \$310,540 which included the final assessment for the fiscal year 2021, which resulted in \$27,862 refunded to the members. The interest earned this fiscal year is \$169 on funds held in Treasury and in the bank.

Refer to the Statement of Cash Flows for more information.

Total liabilities increased by \$26,219 primarily due to an increase in the amount due to the SEH Program and to the Office of Administrative Law, offset by a decrease in the amount due to the carriers from the fiscal year 2021 to 2022.

Overview of the Financial Statements

Total assets equal total liabilities, resulting in no balance for net assets – without restrictions because revenues are equal to actual expenditures. The difference in an assessment billed to the carriers and the expenses incurred is recorded as a receivable from or payable to the carriers.

The Notes to the Financial Statements provide additional background information to assist the reader in understanding the data provided in the financial statements.

Financial Analysis

	<u>2022</u>	<u>2021</u>
Total Assets & Liabilities	\$ 472,814	\$ 446,595
Total Revenue & Expenditures	\$ 300,887	\$ 278,175
Total Budgeted Expenditures	\$ 306,350	\$ 305,030

Total expenditures netted an increase of \$22,712 as compared to fiscal year 2021. This was due to the difference in the actual fringe rate of 61.05% versus 53.25%, and legal expenses, which included charges for the rules expense of \$15,376.

Actual expenditures were favorable as compared to budget due primarily to salaries, legal expense, and overhead allocation.

**State of New Jersey
Individual Health Coverage Program
Management's Discussion and Analysis (Unaudited)
June 30, 2022**

For the fiscal year ended June 30, 2022, salaries and fringe accounted for 84.5% of total expenditures and legal fees accounted for 5.8%, as compared to 85.3% and 3.5%, respectively, for the fiscal year ended June 30, 2021. Overhead accounted for 1.9% of total expenditures in 2022 and 3.6% for the fiscal year ended 2021.

Contacting the Program Board

This financial report is designed to provide the Individual Health Coverage Program Board and the member carriers with a general overview of the Program's finances and to demonstrate the Board's accountability for the loss and administrative assessment funds received. If there are any questions about this report or need additional information, contact the State of New Jersey Individual Health Coverage Program at 20 West State Street, 11th Floor, PO Box 325, Trenton, New Jersey 08625-0325 or by email to rosaria.lenox@dobi.nj.gov or ellen.derosa@dobi.nj.gov

**State of New Jersey
Individual Health Coverage Program
Statement of Financial Position
June 30, 2022**

Assets

Cash and cash equivalents	\$ 366,805
Accounts receivable	
Accounts receivable - members (billed)	<u>104,788</u>
Total current assets	471,593
Property and equipment, net	<u>1,221</u>
	<u>\$ 472,814</u>

Liabilities and Net Assets

Liabilities

Interest payable - members	\$ 169
Accounts payable - members	5,680
Accrued expenses	20,000
Due to SEH Program	121,049
Due to Office of Administrative Law	15,376
Deferred income	<u>310,540</u>
Total liabilities	<u>472,814</u>
	<u>\$ 472,814</u>

The Notes to Financial Statements are an integral part of this statement.

**State of New Jersey
Individual Health Coverage Program
Statement of Activities and Changes in Net Assets
Year Ended June 30, 2022**

Revenues

Administrative assessment	\$ 300,887
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Program expenditures

Current operations

Audit fees - program	20,000
Salaries and fringe benefits	254,125
Legal fees	17,436
Overhead allocation - DOBI	5,874
Other administrative expenses	1,830
Depreciation	<u>1,622</u>

Total expenditures from current operations	<u>300,887</u>
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Changes in net assets - without restrictions

-

Net assets - without restrictions

Beginning of year

-

End of year

\$ -

The Notes to Financial Statements are an integral part of this statement.

**State of New Jersey
Individual Health Coverage Program
Statement of Cash Flows
Year Ended June 30, 2022**

Operating activities

Change in net assets	\$ -
Adjustments to reconcile change in net assets to net cash provided by operating activities	
Depreciation	1,622
Changes in operating assets and liabilities	
Accounts receivable - members (billed)	(1,683)
Interest payable - members	(68)
Accounts payable - members	(21,292)
Accrued expenses	(2,683)
Due to SEH Program	30,696
Due to Office of Administrative Law	15,376
Deferred income	4,190
Net cash provided by operating activities	<u>26,158</u>
 Net change in cash and cash equivalents	 26,158
 Cash and cash equivalents	
Beginning of year	<u>340,647</u>
 End of year	 <u>\$ 366,805</u>

The Notes to Financial Statements are an integral part of this statement.

**State of New Jersey
Individual Health Coverage Program
Notes to Financial Statements
June 30, 2022**

1. ORGANIZATION AND PURPOSE

The State of New Jersey Individual Health Coverage Program (the “Program” or “IHC”) was created pursuant to N.J.S.A. 17B:27A-2 to 16 and has been amended by subsequent Acts of Legislature. It has as its members all insurance companies, health service corporations, hospital service corporations, medical service corporations, and health maintenance organizations that issue or have in force health benefits plans in New Jersey. The purpose of the Program is to assure the availability of standardized individual health benefits plans in New Jersey on an open enrollment, modified community-rated basis, and to reimburse certain losses of member companies for the calendar year ended December 31, 1992 pursuant to N.J.S.A. 17B:27A-13, for each calendar year ended December 31, 1993 through December 31, 1996, and for each two-year calculation period through 2007/2008 pursuant to N.J.S.A. 17B:27A-12, as amended. Assessments to carriers subsequent to the 2007/2008 calculation period have been solely to fund administrative expenses. Beginning with the report due for calendar year 2019, N.J.A.C. 11:20-8.2 requires carriers to report net earned premiums on an annual basis rather than a bi-annual basis as was required from 1997 through 2018. As of fiscal year 2020, assessments for the administrative expenditures of the Program are billed annually. The Program is tax-exempt.

2. BASIS OF PRESENTATION AND ACCOUNTING POLICIES

The Program’s financial statements are prepared on the accrual basis of accounting and in accordance with accounting principles generally accepted in the United States of America. In addition, all financial records are kept in accordance with the State of New Jersey’s prescribed policies and procedures. Net assets and revenues are classified based on the existence of or presence of restrictions on their use. Net assets without restrictions are not subject to restrictions. Net assets with restrictions are subject to stipulations that will be met either by actions of the Program and/or the passage of time. When a restriction is satisfied or expired, net assets with restrictions are reclassified to net assets without restrictions and reported in the statement of activities and changes in net assets as net assets released from restrictions.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include cash held in banks, and cash held by the State of New Jersey. The Program’s total cash and cash equivalents were \$366,805 at June 30, 2022. The Program’s bank balances were \$127,557 at June 30, 2022, all of which was insured by the Federal Deposit Insurance Corporation held in the Program’s name by the Program’s financial institutions or agents.

The interest income earned was recorded as a payable to be refunded to member companies. For the fiscal year ended June 30, 2022, the amount of interest income earned by the Program was \$169. The amount of interest earned shall be distributed to member carriers in accordance with N.J.A.C. 11:20-2.7(c)2 upon completion of the administrative audits and issuance of final reconciliations.

Cash held by the State of New Jersey Department of Banking and Insurance (“DOBI”) includes funds used for payment of Program expenses, such as staff salaries, fringe benefits, and other miscellaneous expenses that are provided through State sources.

**State of New Jersey
Individual Health Coverage Program
Notes to Financial Statements
June 30, 2022**

Cash and cash equivalents consist of the following at June 30, 2022:

Commercial checking	\$ 940
Money market	126,617
NJ State - IHC DOBI - Admin	186,315
Cash held in Treasury	<u>52,933</u>
Total cash and cash equivalents	<u>\$ 366,805</u>

Accounts Receivable - Member Companies

The balance represents amounts owed to the Program from the member carriers as a result of the difference between the amounts billed for operating expenditures per the annual budget versus actual expenditures incurred. The amounts due will be billed to the carriers as set forth in a final assessment reconciliation following completion of the audit of the assessment years' financial transactions.

Property and Equipment

Property and equipment are carried at cost and is shared equally with the Small Employer Health Benefits Program. In accordance with the State of New Jersey Circular #11-19-OMB, effective April 6, 2011, the Program follows the practice of capitalizing, at cost, all expenditures for property and equipment in excess of \$1,000. The Program provides for depreciation as follows:

<u>Description</u>	<u>Estimated Life (Years)</u>	<u>Method</u>
Computers	3	Straight-line
Computer software	3	Straight-line

Accounts Payable - Members

The balance represents amounts to be refunded to the members as a result of differences in the amount assessed to all member carriers based on budgeted administrative expenses assessed versus audited administrative expenses. The amounts will be refunded to the carriers following the final reconciliation of the Program expenses for those calculation periods.

Due to Office of Administrative Law

The amount due to the Office of Administrative Law represents publications of the rules in the NJ Administrative Code for the full year of fiscal year 2022. The amount is billed at the end of the fiscal year and payable in the following fiscal year. As of June 30, 2022, the amount due to the Office of Administrative Law was \$15,376.

Deferred Income

The balance represents the amounts invoiced to member carriers for an administrative assessment for the fiscal year ending June 30, 2023 based on the budgeted amount for the Program for that fiscal year in accordance with N.J.S.A. 17B:27A-11b, and the Plan of Operations set forth at N.J.A.C. 11:20-2.3(a)12.

Revenues and Operating Expenditures

Revenues and expenditures are related to the operation of the Program. Revenues are based on an administrative assessment to the member carriers pursuant to N.J.A.C. 11:20-2.12(a) of a budgeted amount approved by the IHC Program Board. Revenues are recorded when earned. Expenditures are recorded when incurred.

State of New Jersey
Individual Health Coverage Program
Notes to Financial Statements
June 30, 2022

There is no balance for the net assets without restrictions of the Program pursuant to N.J.A.C. 11:20-2.12(a). A final reconciliation of the assessment for administrative expenses shall be made upon approval of the final audited statement of the Program's financial statements. The members' share shall be calculated based on the audited amount of the expenses and credited for any money advanced against the previous assessment.

Related Party Transactions

Although the Program and Small Employer Health Benefits Program ("SEH Program") are distinct state agencies, and have separate Boards of Directors and regulations, the programs share the staff, thus salaries, fringe benefits and other miscellaneous expenses incurred through the State of New Jersey Department of Banking and Insurance are recorded equally by each program. In 2022, charges to and from the SEH Program amounted to \$7,503 and \$254,125, respectively. As of June 30, 2022, the Program owed the SEH Program \$121,049.

Pensions

The staff of the Program is covered under the State Health Benefits Plan, which includes health, dental, and prescription coverage.

The State offers eight defined benefit pension funds: Public Employees' Retirement System ("PERS"), Teachers' Pension and Annuity Fund ("TPAF"), Police and Firemen's Retirement System ("PFRS"), State Police Retirement System ("SPRS"), Judicial Retirement System ("JRS"), Consolidated Police and Firemen's Pension Fund ("CPFPF"), the Prison Officers' Pension Fund ("POPF"), and the Central Pension Fund ("CPF"). The staff of the Individual Health Coverage Program are members of the PERS.

The PERS was established in 1955 by New Jersey Statute and can be found in the New Jersey Statutes annotated, Title 43, Chapter 15A. Changes in the law can only be made by an act of the State legislature. Rules governing the operation and administration of the system may be found in Title 17, Chapters 1 and 2 of the New Jersey Administrative Code. The system was established to provide retirement, death and disability benefits, including post-retirement health care, to all full-time employees of the State and any county, municipality, school district, or public agency provided the employee is not a member of any other state-administered retirement system. Membership is mandatory for such employees.

PERS provides retirement, death, and disability benefits. All benefits vest after 10 years of service.

The PERS is a defined benefit plan administered by the New Jersey Division of Pensions and Benefits. Administrative expenses are paid by the PERS to the State of New Jersey, Department of Treasury. Contributions include funding for basic retirement allowances, cost-of-living adjustments, noncontributory death benefits, and cost of medical premiums after retirement for qualified retirees.

The full normal employee contribution rate is 7.5% of base salary. The rate for members who are eligible for the Prosecutors Part of the PERS (Chapter 366, P.L. 2001) is 10% of base salary.

Employers are required to contribute at an actuarially determined rate. The annual employer contributions include funding for basic retirement allowances, cost-of-living adjustments, and noncontributory death benefits.

In accordance with the provisions of N.J.S.A. 43:15A, the contribution policy requires State-related employers and the State of New Jersey to contribute at an actuarially determined rate. The actuarial cost method is projected unit credit.

State of New Jersey
Individual Health Coverage Program
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The actuarial assumptions were investment rate of return 7.30%, salary range of 1.65% to 4.15% for 2016 through 2026 and 2.65% to 5.15% thereafter, based on age, cost-of-living adjustments of -0-% of the average consumer price index for the calendar year. The asset valuation method is the five-year smoothing difference between market value and expected actuarial value.

Contributions during the fiscal year 2021 for the PERS amounted to approximately \$1,270.7 million. The State of New Jersey's annual required contribution and actual contributions were \$2,860.9 million and \$4,787.0 million, respectively.

The State Health Benefit Plan ("SHBP") had an actuarial accrued liability of \$25.9 billion as of July 1, 2015. The actuarial value of assets of \$-0-, at July 1, 2015, was less than SHBP liabilities, resulting in a funded ratio of -0-%, or \$25.9 billion in funding deficit. Covered payroll for employees under the SHBP amounted to \$7.7 billion, which translates into a funding deficit of 338.6% of covered payroll.

Retirement benefits for age and service are available beginning at age 60. Employees in tiers 1 and 2 who retire at the age of 60 are entitled to a retirement benefit determined to be 1/55th of the final average salary for each year of service credit; employees in tier 3 who retire at the age of 62 are entitled to a retirement benefit determined to be 1/55th of the final average salary for each year of service credit; employees in tier 4 who retire at the age of 62 are entitled to a retirement benefit determined to be 1/60th of the final average salary for each year of service credit; and employees in tier 5 who retire at the age of 65 are entitled to a retirement benefit determined to be 1/60th of the final average salary for each year of service credit. Final average salary equals the average salary for the final three years of service prior to retirement (or the highest three years compensation if other than the final three years). Members may seek early retirement in: tiers 1 and 2 before reaching age 60, in tiers 3 and 4 with 25 years or more of service credit before age 62, and in tier 5 with 30 years or more of service credit before age 65. Benefits are reduced by a fraction of a percent for each month that a member retires prior to the age at which a member can receive full early retirement benefits in accordance with their respective tier. Tier 1 members can receive an unreduced benefit from age 55 to 60 if they have at least 25 years of service. Members may elect deferred retirement after achieving ten years of service credit and have not reached the service retirement age for their respective tier, in which case, benefits would begin the first day of the month after the member attains normal retirement age.

Financial statements for the State of New Jersey Public Employees' Retirement System are available by contacting the Division of Pensions and Benefits, P.O. Box 295, Trenton, NJ 08625-0295.

The information contained herein for the pension footnote is taken from the PERS report for the fiscal year ended June 30, 2021, because the report for the fiscal year ended June 30, 2022 is not available at the time of issuance of this audit report and the information contained in the note is not reflected in the financial statements for the Program for the fiscal year ended June 30, 2022.

3. LIQUIDITY AND AVAILABILITY

The Program strives to maintain liquid financial assets sufficient to cover general expenditures. Financial assets in excess of monthly cash requirements are invested in money market funds and Treasury accounts.

State of New Jersey
Individual Health Coverage Program
Notes to Financial Statements
June 30, 2022

The following table reflects the Program's financial assets as of June 30, 2022. There were no net assets with restrictions at June 30, 2022.

Cash and cash equivalents	\$ 366,805
Accounts receivable - members (billed)	<u>104,788</u>
Total financial assets	<u>\$ 471,593</u>

Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 471,593</u>
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In addition to financial assets available to meet general expenditures over the next 12 months, the Program operates with no profit or loss and collects sufficient revenue to cover general expenditures.

4. FAIR VALUE MEASUREMENTS

The Program has adopted the accounting pronouncement for Fair Value Measurements. The pronouncement defines fair value, establishes a framework for measuring fair value under accounting principles generally accepted in the United States of America, and enhances disclosures about fair value measurements. Fair value is defined under the pronouncement as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participations on the measurement date. Valuation techniques used to measure fair value under the pronouncement must maximize the use of observable inputs and minimize the use of unobservable inputs. The standard describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the third unobservable, that may be used to measure fair value as follows:

Level 1 - Quoted prices in active markets for identical assets or liabilities.

Level 2 - Inputs other than (Level 1) that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

In accordance with accounting standards, the following table represents the Program's fair value hierarchy for its financial assets (cash and cash equivalents) measured at fair value on a recurring basis as of June 30, 2022:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and cash equivalents	<u>\$ 366,805</u>	<u>\$ -</u>	<u>\$ -</u>

**State of New Jersey
Individual Health Coverage Program
Notes to Financial Statements
June 30, 2022**

5. PROPERTY AND EQUIPMENT

Property and equipment consist of the following at June 30, 2022:

Computers	\$	2,423
Computer software		<u>2,442</u>
		4,865
Less: Accumulated depreciation		<u>3,644</u>
	\$	<u>1,221</u>

Depreciation expense amounted to \$1,622 for the year ended June 30, 2022.

6. SUBSEQUENT EVENTS

The Program has evaluated subsequent events occurring after the statement of financial position date through the date of December 27, 2022. Based on this evaluation, the Program has determined that no additional subsequent events have occurred which require disclosure in the financial statements.